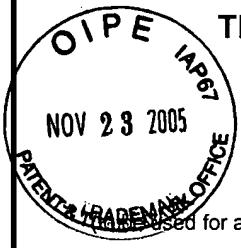
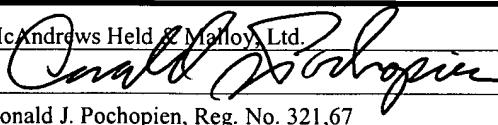


Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

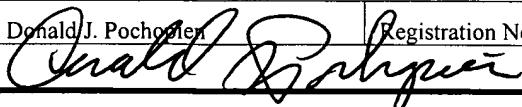
 <p><b>TRANSMITTAL FORM</b></p> <p>NOV 23 2005</p> <p>PATENT &amp; TRADEMARK OFFICE</p> <p>(Use this stamp for all correspondence after initial filing)</p>		Application Number	09/782,594
		Filing Date	February 12, 2001
		First Named Inventor	Bianchi, John R., et al.
		Art Unit	3738
		Examiner Name	Paul B. Prebilic
		Total Number of Pages in This Submission	85
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Under 37 CFR § 1.114, with Exhibits D-G attached <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return-Receipt Postcard	
	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
	<input type="checkbox"/> CD Number of CD(s) _____		
	<input type="checkbox"/> Landscape Table on CD		
		Remarks	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Donald J. Pochopien, Reg. No. 321,67		
Date	November 21, 2005		

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 11/21/2005

Name (Print/type)	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167
Signature		Date	11/21/2005

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees Pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**for FY 2005**

NOV 28 2005

FEB 16 2006

USPTO

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$ 790.00)

Complete if Known	
Application Number	09/782,594
Filing Date	February 12, 2001
First Named Inventor	Bianchi, John R., et al.
Examiner Name	Paul B. Prebilic
Art Unit	3738
Attorney Docket No.	RTI 112R/1915-13980US02

**METHOD OF PAYMENT** (check all that apply) Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

<input checked="" type="checkbox"/> Charge Fee(s) indicated below	<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s)	<input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid(\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	<u>Fee(\$)</u>	<u>Small Entity Fee(\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Small EntityFee(\$)      Fee(\$)

50      25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200      100

Multiple dependent claims

360      180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP	x	=		<u>Fee</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee</u> <u>Fee Paid (\$)</u>
-3 or HP	x	=		

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

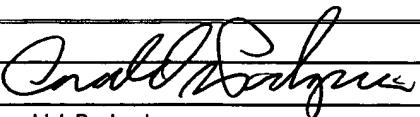
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	(round up to a whole number)	x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Request For Continued Examination Under 37 CFR 1.114      790.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	Donald J. Pochopien		Date	November 21, 2005	